



LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA  
625 Central Ave. West, Suite 100. GREAT FALLS, MT 59404  
PHONE 406-315-2400  
FAX: 406-315-2401

FORM TO RECEIVE TRIBAL IDENTIFICATION CARD. YOU MUST BE AN ENROLLED MEMBER

**\$10.00 FEE**

Enrollment number \_\_\_\_\_ Blood Degree \_\_\_\_\_

Social Security # \_\_\_\_\_ Male/Female \_\_\_\_\_

Birth date \_\_\_\_\_ Eye Color \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Also known as \_\_\_\_\_

Previous married name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Signature** \_\_\_\_\_

**PLEASE SEND A CLEAR, CLOSEUP PHOTO**

Or come into the office and we will take a photo of you.

If you do not have your enrollment number or blood degree, we will research them for you.